



APPLICATION FOR REPLAT/AMENDED PLAT

NAME OF DEVELOPMENT: _____

NAME OF DEVELOPER: _____

ADDRESS OF DEVELOPER: _____ PHONE: _____

OWNER OF RECORD: _____

ADDRESS OF OWNER: _____ PHONE: _____

REQUEST: _____

TOTAL ACREAGE: _____ CURRENT ZONING: _____

NUMBER OF LOTS/UNITS _____

SIGNATURE: _____



From:		To:	Stacie Frye
		Email:	Code Enforcement Secretary sfrye@mineralwellstx.gov
Fax		Date:	
Email:			
Phone:		Phone:	940-328-7715
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Re:	APPLICATION FOR REPLAT/AMENDED PLAT	Pages:	

Please let me know if I can be of any assistance!